

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

981

NEVADA PHYSICAL THERAPY ASSOCIATION PAC

Name (print)

Office (if applicable)

District (if applicable)

PMB 105 - 8665 W. FLAMINGO RD - #131 - LAS VEGAS NV 89147

Mailing Address (include city and zip code)
NPTAC COX.NET

Telephone No.

702-371-1535

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term

Period: Jan. 5, 2001 - Aug 26, 2004

Incumbents in an Office with a 6-year term

Period: Dec. 20, 1998 - Aug 26, 2004

All others

Period: Jan. 1, 2004 - Aug. 26, 2004

Ballot Advocacy Groups (BAGs) only:

Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

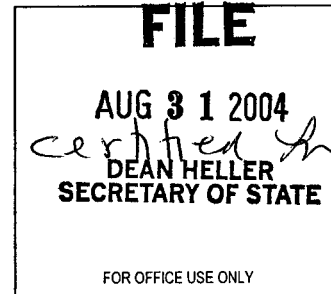
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
\$1085.00	1085.00
\$1750.00	1750.00
	\$2835.00
0	0

2. Total Monetary Contributions Received of \$100 or Less

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
500	500
0	0
\$500.00	\$500.00
0	0

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

CAMPAIGN CONTRIBUTIONS

Report Period # /

NPTA PAC

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
JOSEPH R. HASSEN 215 PIMWOOD #C LAS VEGAS NV 89147	3/13/04	160.00	
TIM AND LYNN HOLIHAN 3108 BRACKEN CLIFF CT LAS VEGAS NV 89129	3/13/04	120.00	
PETER & BETH ALTENBERGER 1622 JABATINI HENDERSON NV 89052	3/13/04	120.00	
BRAD J & KATHY D. SIDENER 8500 BELL HAVEN RENO NV 89511	3/14/04	120.00	
LYNN HINMAN 1712 BARREL CACTUS LAS VEGAS NV 89108	3/16/04	100.00	
RENO RENAISSANCE CENTER 580 W. 5TH #1A RENO NV 89503	3/13/04	170.00	
LYNN MAGUIRE VICTOR DAVIS 2141 AMERICAS CTR LAS VEGAS NV 89117	3/13/04	175.00	
SUE SCHUERMAN 1330 FRAGRANT STRUCE LAS VEGAS NV 89123	3/13/04	120.00	

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CAMPAIGN EXPENSES

Report Period # /

NPTA PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
RAY RAWSON 2217 SCARLETPOSE LAS VEGAS NV 89134	J	8/20/04	\$500.00

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